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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TOTR	ANSF	PORTO	IL AND N	ATUR	AL G	AS					
Operator NEARBURG PRODUCING							II API No.						
Address	SUMPANT			<del></del>		<del></del>				30-02	<u>5-26498</u>		
P. O. Box 823085, Da	allas, I	exas	7538	2-3085									
Reason(s) for Filing (Check proper box, New Well	ı	<b>~</b>			O	her (Ple	ase exp	lain)	~				
Recompletion	Oil	Change i	In Transp		Chang	. i.	T						
Change in Operator	Casinghe	ad Gas		xx steen	Chang Septe	e in mber	1 <i>r</i> ar	isport 991	er e	effect	ive		
If change of operator give name and address of previous operator					30000	11001	<u> </u>			· · · · · · · · · · · · · · · · · · ·	<del></del>		
II. DESCRIPTION OF WELI	L AND LE	ASE				······································				<del></del>			
Lease Name	lame, Includ	uding Formation Kin					lo(Lease No						
PENNZOIL FEDERAL	North (						Ederal NMN						
Unit LetterI	_ :2	.180	_ Feet F	rom The _S	outh Li	se and _	66	0	Feet	From The	East		Line
Section 1 Towns	33E	<b>15</b> 4					a County						
III. DESIGNATION OF TRAI	NSPORTE	ROFO	IL AN	D NATU	RAL GAS								
Address (Give address to which approved copy of this form is to be sent)													
Name of Authorized Transporter of Casi	Gas [X]	P. U.	3109	, Mid	and	nd, Texas 79702							
CONOCO, Inc.					Address (Give address to which approved P. O. Box 2197, Houst					i copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Sec. Twp. Rge.			Is gas actuall	у сопре	cted?		160 ?		77001			
f this production is commingled with that	from any oth	er lease or	19S	33E	ling order num	es			9/	26/80			
V. COMPLETION DATA	<u> </u>					<b>04</b> ,		<del></del>			·····		
Designate Type of Completion	- (X)	Oil Well		Jas Well	New Well	Work	over	Deeper	P	lug Back	Same Res'v	Din R	les'v
Date Spudded	N. Ready to	Prod.	<del>~</del>	Total Depth	<u></u>			P.	B.T.D.	<u> </u>	_1		
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay					Tubing Depth						
ettorations							Depth Casing Shoe						
TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE													
	TOURIS SIZE				DEPTH SET					SACKS CEMENT			
												<del></del>	
	<del> </del>	<del></del>	<del></del>										
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE										
IL WELL (Test must be after reals First New Oil Run To Tank	Date of Test	el volume o	f load oi	l and musi b	be equal to or	exceed to	p allow	able for 1	his dep	th or be fo	r full 24 how	·s.)	
are that beat on knu to lank		Producing Method (Flow, pump, gas lift, etc.)											
ength of Test	Tubing Pressure				Casing Pressure					Choke Size			
cual Prod. During Test	Oil - Bbls.				Water - Bbls.					Gas- MCF			
AS WELL	<u>.                                    </u>			<u>-</u>	<del></del>			·					
ctual Prod. Test - MCF/D	Length of Te	स	· · · · · · · · · · · · · · · · · · ·		Bbls. Condensa	te/MMC	:F		Gra	vity of Co	ndensale		
ting Method (pitot, back pr.)													
· ·	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					Choke Size			
. OPERATOR CERTIFICA	TE OF	COMPL	IANC	E									
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION								
is true and complete to the best of my knowledge and belief.					Date Approved								
Middled Singkins					Rv								
Mildred Simpkins Production Analyst					Ву			·					
Printed Name 08/07/91	(2111	Ti 739-17	ide 770		Title_			· · ·					
Date				-									

## INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.